

INTERNATIONAL HEALTH GOVERNANCE SYMPOSIUM

Infectious Diseases as a New Threat to International Peace and Security

The Security Council and the Securitization of Health

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The last quarter of century registered the resurgence of infectious diseases, that the medical community deemed to have defeated with the global vaccination campaign. Global health challenges, represented by pandemics such as HIV/AIDS, SARS, Ebola and Zika, arisen in developing countries, whose spread in developed countries has been facilitated by the process of globalization, determined the emersion of a global/collective interest to the protection of health.

The global health governance architecture, based on the leading role of the World Health Organization, was heavily challenged by the 2014 Ebola Outbreak. Indeed, the International Health Regulations failed to provide an adequate and early response to the pandemic and this determined the emergence of the Security Council (SC) as a Global Health Peace-Keeper, by adopting Resolution 2177/2014 on the Ebola Outbreak. The SC, for the first time in its practice, classified an infectious disease as a 'threat to peace and security' according to Article 39 of the UN Charter.

It is not a case that some scholars discussed about the possibility to extend the concept of Responsibility to Protect to health, ('Responsibility to Practice Public Health', theorized by David P. Fidler). According to this theory, in presence of global epidemics, if and when the most hit countries are not able to respond in an adequate manner and to protect the right to health of their citizen, the UNSC would be the only organ within the UN system in charge of providing a response, as bearer of the interests of the international community to protect public health, even adopting enforcing measures. But what does the securitization of health mean and what are its theoretical foundations?

The securitization of public health

With the adoption of Resolution 2177 health pandemics are no longer considered as exclusively a humanitarian issue, that must be dealt by the instruments and means provided by development cooperation and by human rights law. They become a security issue, and therefore request a response by military means. The 'securitization of public health' draws its theoretical foundations from the Copenhagen School's securitization theory.

The Copenhagen School gained the attention on the need to go beyond the traditional concept of security centered on the defense of the territory of the State by foreign military threats, also including the societal, economic, political and environmental dimension of security. Barry Buzan, in this regard, highlighted in 1983 that the State cannot be considered as the only reference of security policies and that – in particular in the context of fragile or failed States – also non-State actors must be taken into account.

The Human Security concept, elaborated by Robert Ullman in his well-known paper of 1983 ('Redefining Security') and formally accepted by the United Nations in 1994 (Human Development Report), is pivotal in the process of securitization. Indeed, human security, at difference of the classical concept of security as conflict between States, encompasses infectious diseases as a threat to peace and security.

The linkage between health and security is connected to the increased perceived threat of bioterrorism after September 11 (the Anthrax case) and the emergence and re-emergence of infectious diseases. The globalization process and the increase of movement of people around the globe accelerated the diffusion of infectious diseases rendering them a global threat. In particular, developed countries found themselves vulnerable to the spread of health pandemics generated in the Third World. The drive of change in the perception of infectious diseases as a global security issue was led by the US with the National Intelligence Council Report of 2000, which asserted that the consequences of epidemic outbreaks will lead to conflict or increase the likelihood of conflict.

The Report of the UN High-Level Panel on Threats, Challenges and Change of 2004 represented a 'turning point' in the securitization of health, highlighting new security threats, like civil wars, infectious diseases the spread of Weapons of Mass Destruction and international terrorism. The former UN Secretary-General in his 2005 Report In Larger Freedom included deadly infectious diseases amongst the threats to peace and security of the XXI Century (para 78), giving moral and legal value to the extension of the human security concept to health.

In Resolution 2117 the SC, in establishing a link between health, security and humanitarian crises stretched in a highly innovative manner the boundaries of the notion of threat to peace and security, embracing the notion of Human Security. This notion constituted the theoretical foundation of Resolution 2117, and the novelty is undoubtedly represented by the fact that the SC for the first time has considered an event at all natural as destabilizing and therefore, dangerous for peace and security. The discourse would have been obviously different if the deliberate spread of a pathogen agent (i.e. a bacteriological attack) as weapon of mass destruction were at the origin of the epidemic.

Conclusions

The process of securitization of health, theorized by the Copenhagen School, endorsed by the United Nations with the Human Security Concept and culminated in the adoption of Resolution 2117, represents undoubtedly a novelty in international relations and in the development of the notion of threats to peace and security. But was Resolution 2117 really a turning point? In reality, despite all the debate and criticism raised by its adoption on a presumed 'militarization of health', the SC did not adopt any measure implying use of force, such as for instance the deployment of troops at the borders of with functions of internal police, with specific tasks such as the prevention of civil unrest, the management of border flow or the safety of burials of the victim. It in fact, it did not adopt any decision, but limited itself to recommend measures under Article 40 of the UN Charter ('Provisional Measures'). Therefore, with Resolution 2117 the SC reached its goal of gaining more resources and worldwide attention on Ebola, (which was almost completely defeated in 2016 in

Sierra Leone, Guinea and Liberia); but this Resolution was not, at the end, so revolutionary as many scholars deemed.

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